

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-004985

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 275 STATE FILE NUMBER

AMENDED
FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ferguson</u>		Length of stay in 1b <u>1 yr.</u>	c. CITY OR TOWN <u>Ferguson</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>406 Warfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>406 Warfield</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Bridget</u> Middle <u>Marion</u> Last <u>Sansoucie</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>19</u> Year <u>1962</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-7-1897</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Maries co. Vienna Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>William E. Kerr</u>	13b. MOTHER'S MAIDEN NAME <u>Evelyn Fennessey</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Sansoucie</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Charles Sansoucie Richwoods, Mo.</u>
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED</u>		
DUE TO (c) <u> </u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>PARKINSON'S DISEASE</u>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>

21. I attended the deceased from MAY 3, 1955 to JAN 19, 1962 and last saw her alive on JAN 7, 1962
Death occurred at 6 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE (Degree or title) <u>John T Vandover MD</u>	22b. ADDRESS <u>1504 St Grand, St Louis 4 Mo</u>	22c. DATE SIGNED <u>1/20/62</u>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>1-23-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>	23d. LOCATION (City, town, or county) (State) <u>Richwoods, Mo.</u>
---	-------------------------------	---	--

24. FUNERAL DIRECTOR <u>Mahn Funeral Home</u>	ADDRESS <u>DE Soto, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-62</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD</u>
--	--------------------------------	--	---

DATE/AMENDED
 THIS RECORD CARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

FORM 3-5-11, 1977

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David J. Mahoney

Licensed Embalmer No. 43

P. O. Address W. 1st St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.